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JAN - 8 2010

MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

	LEGISLATOR INFORMATION	gile (1996) Pozeko biskopili in enemen egil <b>Pozekor</b>							
Name All An	nsmil	Office: ☐ House ☐ Senate							
Mailing address	Potnt	District							
City, zip code	MO-04062	Phone							
PART 1 INCOM									
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER  List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.									
Name of Employer	Address	Principal Type of Economic							
Thom Town		Activity of Employer  Private School							
) M M/1 \	y sport of the spo								
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)									
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.									
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)							
Name: Address:									
Name:									
Address:		* Variable from the second sec							

PART 2 (continued). INCOME DERIVED FR	ROM SELF-EMPLOY	MENT
(For Legislators, who are self-er	mployed.)	
B. List each source of income derived from self-employment that represents m greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	rson from whom you d	erived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:		
Name:  Address:	Part Park PP III T 45 TS TO THE BARK SA AND AND TO THE WEST SANAHANAN AND AND AND AND AND AND AND AND AND	
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-	at-law only.)	
List your major areas of practice. If associated with a law firm, list the major area	as of practice of your fire Major Areas of Prac	Halladdelwywyddiaethadaethadaethadaethadaethadaethadaethadaethadaethadaethadaethadaethadaethadaethadaethadaeth
Name and Address of Firm	(self)	(firm)
Name:		e e e e e e e e e e e e e e e e e e e
Address:		Ad abbiliotophysical and a second a second and a second and a second and a second and a second a
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Name: Address:		Spring Wallers and Spring and Spr
Audiess.		**************************************
PART 4. OTHER SOURCES C	de de sanssaute les est les législes	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this to	form. Do not include git	its. If none, check the box.
∐ None	estergesia kindensessä anakolippaksi avionessä kinnelle 2 ossan avat ovat ovat ovat osaan oseonaan pakaisen pu	
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		State Sente. Salary Fete Reterement
Address: State of Maine		arnot of
for the second s		W. K. W. S.
Name:	•	
Address:	& to a defendance from	
PART 5. REPORTABLE LIA	BILITIES.	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that yo	u received during the i	reporting period, and list the major
areas of economic activity of each creditor. Do not list credit card liability or loans	s from a relative. If non-	e, check the box.
None	and the second section of the second	and a few and a few sections are the contractions and the contractions are the contractions a
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	⇒\$€ vi-mahmo	
Address:	mdoAAA maatuu	•
	30000000000000000000000000000000000000	
Name: Address:	Address investigation	
Address.		

PART 6.	REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Inclunone, check the box.	de gifts with an aggregate v	alue of more	than \$300 from a single source. If
None	ondersondrigen de de state en		
Name of Source of Gift  1.	emented via colonia pri the tener e sego escene che chi più potrate i anti atti chi più pri pri anche e si diciale pri dell'atti pri pri pri pri pri pri pri pri pri pr	Name of :	Source of Gift
2.	transference and the standard and the st	en versich der konstrukte der Steretische für der Steretische der Anderstrukte der Steretische der Steretische	
	PORTABLE HONORARI		
List the source of any honoraria accepted for appearances or	speeches related to your legi	slative respo	nsibilities. It none, check the box.
None Name of Source of Honoraria		Name of Sou	rce of Honoraria
1.	3.		
2.	a de la la construcción de la co	MAY 14 A-APPATENCE AND THE STEAD OF STANDING AND STANDING AND STANDING AND STANDING AND STANDING AND STANDING A	egyptigen a spenn yddyrga, a fan ar ac gyf yrga ar mae sgas (y mae'i an diwyd y glaefyr y mei gan ar by di'r egynn gan y by di'r egynn gan a by di
PART 8. REPRESENT	ATION BEFORE STATE	AGENCIES	
List each executive branch agency before which you represe box.	nted or assisted others for c	ompensation	of any amount. If none, check the
None		t ya wakani wa waka ka ka waka u manka wa kishika ka	ARRIVANIA OLI AMBILLA AMBILLA AMBILLA SISSA AMBILLA ARRIVANIA ARRIVANIA AMBILLA AMBILL
Name of Agency		Name	of Agency
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2.	4.		
PART 9. BUSINI	ESS WITH STATE AGEN	CIES	
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	er of your immediate family s	old goods o	r services with a value in excess of
None	elektrike (18 metrik bernerelin a 18 al kriste andra en en en en en en karalist an erret af de lektrik elektrik	indigen of transmissions are shown as he distributed a second state of the second state of the second state of	1-0-2-29-1-0-2-29-1-0-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
Name of Agency		Name	of Agency
	3.	nami, pilinamaa Andropa ya Kibaba Indonésiya ka kababa in	statistationatistationineemaliseesia variore en homosophi, troduk Valande Valande Courtillonad a Courtillonad a
2	· 4.		
PART 10. INCOME RECEIVE	D BY MEMBERS OF IMM	MEDIATE F.	AMILY
List the type of economic activity representing each source o dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not in	of income represented. If y	received by our spouse o	your spouse or domestic partner or or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name: Skele Retirement System	1. 2.	Spouse or Domestic	1. 2.
Job Title:	3.	Partner	3.
		Dependent Child	учин жин до от и до до от до до от д
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.	вежный постоям в пос Постоям в постоям в постоя	Dependent Child	
	n general de la company de	Dependent Child	

	PART 11.	OFFICER OR DIRECTOR	POSITIONS		
any office, trustees	or nonprofit corporation, firm, associ ship, directorship, or position of any l. If a family member listed, indicate	nature. Indicate whether you	or a family held the p	osition and whethe	diate family held r the position
☐ None			k <del>irkle verk</del> atiliseis 10 d. ili ilmaa kirilla muutala kirana kaanaan sa maasan sa maakan makan misi suuri suuri	en erakki kansa da sa menen erakun sa	
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
named MANA Sillab Sarvilla (medicare and a more and an analysis and as a more and					**************************************
		SIGNATURE			
A Legislator who	willfully fails to file a required sta		of up to \$100 /1 N	1 R S Δ 8 1017-Δ	1
	ing of a false statement is a Cla			_	
Du	U Jeannym Signature		1/6// D	10 ate	
	any additional information below	ADDITIONAL INFORMATION (and on additional sheets in		e the part or secti	on number for
the information y Part/Section Number	ou are providing.		haddirlad in drong skop och Aff Schillad Arbany Africa (side och libraria sill et over Schillad Schillad	રાહું હતાલાકારોફિટ્ટ કૃષ્ટિકામાં કંતાલાકુર્યાલાકુર્યાલાકુર્યાના જિલ્લોકાર કંતા નામાં નામાં વધાના લોકોના ફોલાફો	માં કુ જાણાવાનું કુ ફિલ્લોફિલ્લા કાર્યકૃત અને કુ કરવાનો તત્તા કે કરીને કૃતિ કર્યા અને કર્યા છે.
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